



# Medicaid Community Options

## Course 13: Ongoing Role of the Supports Planner

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# Plan is Approved, Participant is Enrolled

## What's Next?

- Contact as often as prescribed in the plan of service
  - At least monthly contact (may be by phone) and at least one annual in-person visit.
  - Ensure all services are being provided.
  - Ensure the participant is satisfied with the providers.
  - Ensure the amount of duration of the services are adequate.
  - Complete activities/tasks in LTSSMaryland as appropriate.
  - Keep track of Medicaid/Waiver eligibility.
    - An alert will be sent to you regarding medical/technical redetermination. You must follow-up and ensure applications are submitted and appointments are made.
    - Certain eligibility may change throughout the year that may not relate to the program.
      - Checking eligibility in the LTSSMaryland system ensures uninterrupted services and helps problem solve issues that arise.



# What if The Plan of Service Isn't Meeting the Needs of the Participant?

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- The time may come when the plan of service isn't adequate or a new (temporary or permanent) service is necessary.
- Create a “revised” plan of service from the previously approved and active plan of service.
  - Request the new service and submit like the other POS types.
  - The other POS will remain active until the revised can be approved.



# Monitoring ISAS and Submitting Reportable Events

- Monitor personal assistance workers for the participant through ISAS.
  - Is the provider showing up on time?
  - Are they coming on the right days?
  - Are they clocking in for the appropriate number of hours?
- In the case of an event that impacts the participant's health or safety, a Reportable Event must be submitted.
  - The supports planner becomes responsible for following up on a Reportable Event.
  - The Department conducts an investigation based on the immediacy of the event.

